

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

Date Completed: 12/1/2019 12:16 AM EST

Confirmation Number: 5842

Amended Confirmation Number:

Employer Information

Name: NORDSON CORPORATION  
Address: 28601 CLEMENS RD  
City: WESTLAKE  
State: OH  
Zip Code: 44145

Plan Administrator Information

Name: NORDSON CORPORATION COMPENSATION COMMITTEE  
Address: C/O NORDSON CORPORATION 28601 CLEMENTS AVE  
City: WESTLAKE  
State: OH  
Zip Code: 44145  
Phone: 4408921580  
Email: GINA.BEREDO.@NORDSON.COM

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Supplemental Individual Pension Benefit	Number of Employees: 1
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Additional Information:



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 5842. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.